



# Winter Scholarship Application

THIS APPLICATION IS FOR THE 2009-2010 WINTER SEASON ONLY.

PLEASE CALL STACEY WOOLEY (970)923-0578 IF YOU HAVE QUESTIONS REGARDING YOUR ABILITY TO COMPLETE THIS FORM.

Participants who demonstrate financial need may apply for a scholarship to participate in winter activities. If you receive a scholarship it is your responsibility to make a reservation at your earliest convenience. **You are required to submit a copy of your 2008 income tax return with this application in order to be eligible for financial aid.**

APPLICANT NAME \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

IF UNDER 18, LEGAL PARENT/GAURDIAN NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CELL/FAX TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ EMPL. TELEPHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ HOW LONG HAVE YOU BEEN IN THIS POSITION? \_\_\_\_\_

## MONTHLY INCOME

SALARY \$ \_\_\_\_\_  
 SPOUSE SALARY \$ \_\_\_\_\_  
 ADDITIONAL \$ \_\_\_\_\_ (SOCIAL SECURITY, MEDICAID, REAL ESTATE, DISABILITY, RETIREMENT, ETC.)  
 TOTAL \$ \_\_\_\_\_

## MONTHLY EXPENSES

RENT/MORTGAGE \$ \_\_\_\_\_  
 CAR PAYMENTS \$ \_\_\_\_\_  
 ALIMONY/CHILD SUPPORT \$ \_\_\_\_\_  
 OUT OF POCKET MEDICAL \$ \_\_\_\_\_ DESCRIPTION \_\_\_\_\_  
 OTHER MONTHLY DEBTS \$ \_\_\_\_\_ DESCRIPTION \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

PLEASE DESCRIBE YOUR FINANCIAL SITUATION/REASON FOR SCHOLARSHIP ASSISTANCE. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY REPRESENT THAT THIS APPLICATION IS TRUE AND ACCURATE AND FULLY REFLECTS MY FINANCIAL CONDITION ON THE DATE SHOW BELOW.

APPLICANT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE INDICATE REQUEST(S) FOR FINANCIAL AID FOR 2008-2009 WINTER PROGRAMS ON REVERSE.

# Winter Programs - Scholarship Application

Have you previously been awarded financial aid for WINTER programs? YES NO

If yes, please indicate what you have been awarded in years past. \_\_\_\_\_

For how many years have you been receiving financial aid? \_\_\_\_\_

Active participants with year-round special events and fundraising initiatives (E.g., Ducky Derby sales, volunteering, etc.) are given special consideration when reviewing scholarship requests. We encourage all participants to promote our programs in this way and look to reward those who do. Please indicate your contribution(s) towards these initiatives.

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## WINTER LESSONS:

Avail. Program	Cost	Quantity Requested	\$ Amount Requested	\$ Amount Awarded
Full Day Lesson	\$199	_____	_____	_____
Half Day Lesson	\$125	_____	_____	_____

## INDIVIDUAL SKI BUDDY:

### ALPINE SKI

### SIT SKI

### SNOWBOARD

Avail. Program	Cost	Quantity Requested	\$ Amount Requested	\$ Amount Awarded
Full Day	\$39	_____	_____	_____
Half Day	\$19	_____	_____	_____

## CAMPS (WHAT CAMP AND REQUESTED AMOUNT):

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## CHALLENGE ASPEN OFFICE USE ONLY:

STAFF AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_